

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

11/599474

09/29/2006.

CLAIMS

	AS FILED		AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4	0							
5	0							
6	0							
7	0							
8	0							
9	0							
10	0							
11	0							
12	0							
13	0							
14	0							
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16	1							
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34	1							
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45			1					
46			1					
47			1					
48			1					
49			1					
50			1					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

	AS FILED		AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
51						1		
52						1		
53						1		
54						1		
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